

Exhibit 80

APPLICATION TO RENT

ALEX _____ DATE _____
 IT _____ CALLED TO _____
 _____ TIME IN _____
 _____ DATE BACK _____
 \$ _____ TIME BACK _____
 - Mihdar Khalid M (619) 222-7623
 LAST FIRST M.I. (JR., SR.) PHONE NUMBER

SOCIAL SECURITY # _____ DRIVERS LICENSE # _____ Yes/No
 ARE YOU OVER 18 _____
 PROTECTIVE RESIDENTS _____ RELATIONSHIP _____ OVER 18
 (or emancipated minor) Yes/No _____ SOCIAL SECURITY # _____
 _____ Yes/No _____
 _____ Yes/No _____

ADDRESSES
33 MC. Ada Road #152SD, CA 92111
 T ADDRESS APT # CITY STATE ZIP COMPLEX NAME RENT \$ PAID
 _____ MANAGER'S # HOW LONG

Madi Aralnia
 IS ADDRESS APT # CITY STATE ZIP COMPLEX NAME
 _____ MANAGER'S #

YOU EVER BEEN DELINQUENT IN PAYMENT OF RENT? _____ PLEASE EXPLAIN
 YOU EVER BEEN EVICTED FROM ANY PROPERTY? YES _____ NO ☒ PLEASE EXPLAIN
 ARE YOU LEAVING PRESENT RESIDENCE? _____
 YOU GIVEN NOTICE YET? _____

EMPLOYMENT
 T EMPLOYER ADDRESS CITY ZIP PHONE # HOW LONG

 ISOR'S NAME YOUR POSITION GROSS SALARY

 US EMPLOYER ADDRESS CITY ZIP PHONE # HOW LONG

 ISOR'S NAME YOUR POSITION GROSS SALARY

 US EMPLOYER ADDRESS CITY ZIP PHONE # HOW LONG

 ISOR'S NAME YOUR POSITION GROSS SALARY WK MO YR

DO YOU RECEIVING CHILD SUPPORT? _____ HOW MUCH? \$ _____
 DO YOU RECEIVING A PENSION? _____ HOW MUCH? \$ _____ COMPANY _____
 DO YOU HAVE ADDITIONAL INCOME? \$ _____
 DO YOU PROVIDE PROOF OF THESE INCOMES? _____

IF YOU USE ONLY
 at Residence _____ Phone Number Called _____
 ng Party _____ Position _____ Length of Residency _____
 any NSF's? _____ How many Lates? _____ Thirty Day Notice Given? _____ Rent/Mortgage per Month? \$ _____
 ents: _____ Date: _____ Employees Initials _____
 us Residence _____ Phone Number Called _____
 ng Party _____ Position _____ Length of Residency _____
 any NSF's? _____ How many Lates? _____ Thirty Day Notice Given? _____ Rent/Mortgage per Month? \$ _____
 ents: _____ Date: _____ Employees Initials _____

at Employer _____ Phone Number Called _____ Length of Employment _____
 ng Party _____ Position of person that Verified _____ Salary? \$ _____ WK MO YR
 e Paystubs? Yes _____ No* _____ Tax Return (s)? Yes _____ No* _____ New Employment "Offer Letter" required? * _____
 yee Initials _____ Date: _____

us Employer _____ Phone Number Called _____ Length of Employment _____
 ng Party _____ Position of person that Verified _____ Salary? \$ _____ WK MO YR
 e Paystubs? Yes _____ No* _____ Tax Return (s)? Yes _____ No* _____ New Employment "Offer Letter" required? _____
 yee Initials _____ Date: _____ (*Copies must be attached and must be equal to or greater than rental amount)

al Income Source _____ Phone Number Called _____ Length of employment _____
 ng Party _____ Proof of Additional Income Attached? (bank statement showing direct deposit, court order of child support,
 y or trust fund, copy of Social Security, Disability or Pension Statement, notarized letter of parental support, Tax returns or Investment
 ents) Employee's Initials _____ Date _____ Comments _____

- What's cut off?
 - What's signature
 of Mr. Ada Rd
 Address?

Credit References

CHECKING ACCT. BANK	ADDRESS/BRANCH	PHONE #	BRANCH #	ACCT. #
CREDIT REFERENCES	ADDRESS	TYPE ACCT.	ACCT. #	
CREDIT REFERENCES	ADDRESS	TYPE ACCT.	ACCT. #	

Personal References

#152

Imar Al-Bayumi 6333 Mt Ada (619) 227-7623 Friend

NAME	ADDRESS	PHONE #	RELATIONSHIP
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NAME	ADDRESS	PHONE #	RELATIONSHIP
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In Case of Emergency

Imar 6333 Mt. Ada Road #152

NAME	ADDRESS
Friend	(619) 227-7623
RELATIONSHIP	PHONE #

Automobiles

LICENSE #	MAKE	MODEL	YEAR
LICENSE #	MAKE	MODEL	YEAR

Other Vehicles:

PLEASE NOTE: EVERY ITEM MUST BE FILLED IN AND COMPLETED IN ITS ENTIRETY.
REVIEW YOUR APPLICATION BEFORE YOU TURN IT IN TO THE MANAGER.

THE APPLICANT REPRESENTS THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT AND HEREBY AUTHORIZES VERIFICATION OF INFORMATION CONCERNING SAID APPLICANT. IT IS UNDERSTOOD THE FEE OF \$_____ IS NOT A DEPOSIT AND WILL NOT BE REFUNDED IF APPLICANT IS DECLINED.

APPLICANT

DATE

2/4/00

APPLICANT

DATE

APPLIC 'ION TO REN'

PLEX _____ DATE _____
 IT _____ CALLED TO _____
 _____ TIME IN _____
 _____ DATE BACK _____
 \$ _____ TIME BACK _____

Hazmi Nawaf M
 LAST FIRST MI (JR, SR) PHONE NUMBER

HAZMI NAWAF 1
 SOCIAL SECURITY # DRIVERS LICENSE # Yes/No
 ARE YOU OVER 18

PECTIVE RESIDENTS RELATIONSHIP OVER 18
 (or emancipated minor)
 Yes/No SOCIAL SECURITY #
 Yes/No

ENCES
333 Mt. Ada #152 SD CA 92111
 IT ADDRESS APT # CITY STATE ZIP COMPLEX NAME RENT \$ PAID
 MANAGER'S # HOW LONG

Saudi Arabia
 US ADDRESS APT # CITY STATE ZIP COMPLEX NAME RENT \$ PAID
 MANAGER'S # HOW LONG

YOU EVER BEEN DELINQUENT IN PAYMENT OF RENT? _____ PLEASE EXPLAIN _____
 YOU EVER BEEN EVICTED FROM ANY PROPERTY? YES _____ NO _____ PLEASE EXPLAIN _____
 ARE YOU LEAVING PRESENT RESIDENCE? _____
 YOU GIVEN NOTICE YET? _____

OYMENT
 IT EMPLOYER ADDRESS CITY ZIP () PHONE # HOW LONG
 ASOR'S NAME YOUR POSITION GROSS SALARY WK MO YR

US EMPLOYER ADDRESS CITY ZIP () PHONE # HOW LONG
 ASOR'S NAME YOUR POSITION GROSS SALARY WK MO YR

US EMPLOYER ADDRESS CITY ZIP () PHONE # HOW LONG
 ASOR'S NAME YOUR POSITION GROSS SALARY WK MO YR

YOU RECEIVING CHILD SUPPORT? _____ HOW MUCH? \$ _____
 YOU RECEIVING A PENSION? _____ HOW MUCH? \$ _____ COMPANY _____
 ER ADDITIONAL INCOME: \$ _____
 YOU PROVIDE PROOF OF THESE INCOMES? _____

SE USE ONLY
 nt Residence Phone Number Called _____
 ing Party Position Length of Residency _____
 many NSF's? How many Lates? Thirty Day Notice Given? Rent/Mortgage per Month? \$ _____
 nents: Date: Employees Initials _____

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 re Paystubs? Yes No* Tax Return (s)? Yes No* New Employment "Offer Letter" required? *
 yee Initials Date: _____

onal Income Source Phone Number Called _____ Length of employment _____
 ing Party Proof of Additional Income Attached? (bank statement showing direct deposit, court order of child support,
 ny or trust fund, copy of Social Security, Disability or Pension Statement, notarized letter of parental support, Tax returns or Investment
 ments) Employee's Initials Date Comments _____

Credit References

CHECKING ACCT. BANK	ADDRESS/BRANCH	PHONE #	BRANCH #	ACCT. #
CREDIT REFERENCES	ADDRESS	TYPE ACCT.		ACCT. #
CREDIT REFERENCES	ADDRESS	TYPE ACCT.		ACCT. #

Personal References

NAME	ADDRESS	PHONE #	RELATIONSHIP
2mar Al-Bayumi	6333 Mt. Ada #152	227-7623	Friend
NAME	ADDRESS	PHONE #	RELATIONSHIP

In Case of Emergency

NAME	ADDRESS
2mar	6333 Mt. Ada #152
RELATIONSHIP	PHONE #
Friend	(619) 227-7623

Automobiles

LICENSE #	MAKE	MODEL	YEAR
LICENSE #	MAKE	MODEL	YEAR

Other Vehicles:

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APPLICANT

DATE

APPLICANT

DATE

DATE 2-4-00
36 CFR 1256.56 -
CALLED TO [REDACTED]
TIME IN _____
DATE BACK _____
TIME BACK _____

150
\$ 775

1 - Bayaumi Omar A
36 CFR 1256.56 - Privacy 36 CFR 1256.56 - Privacy

Yes/No
ARE YOU OVER 18

DEPENDENT RESIDENTS	RELATIONSHIP	OVER 18 (or emancipated minor)	SOCIAL SECURITY #
_____	_____	Yes/No	_____
_____	_____	Yes/No	_____

REFERENCES

33 Mt. Ada Road #152 SD, CA 92111

COMPLEX NAME	RENT \$ PAID
MANAGER'S #	HOW LONG

JS ADDRESS The same APT # CITY STATE ZIP

MANAGER'S #	HOW LONG
COMPLEX NAME	RENT \$ PAID

YOU EVER BEEN DELINQUENT IN PAYMENT OF RENT? _____ PLEASE EXPLAIN _____
 YOU EVER BEEN EVICTED FROM ANY PROPERTY? YES _____ NO _____ PLEASE EXPLAIN _____
 ARE YOU LEAVING PRESENT RESIDENCE? _____
 YOU GIVEN NOTICE YET? _____

SYMENT

 ()
 EMPLOYER ADDRESS CITY ZIP PHONE # HOW LONG

[illegible]

U.S. EMPLOYER	ADDRESS	CITY	ZIP	()	PHONE #	HOW LONG

	WK MO YR
<u>ASOR'S NAME</u>	<u>GROSS SALARY</u>
<u>YOUR POSITION</u>	

US EMPLOYER	ADDRESS	CITY	ZIP	()	PHONE #	HOW LONG
-------------	---------	------	-----	-----	---------	----------

 ASOR'S NAME YOUR POSITION WK MO YR GROSS SALARY

YOU RECEIVING CHILD SUPPORT? _____ HOW MUCH? \$ _____
 YOU RECEIVING A PENSION? _____ HOW MUCH? \$ _____ COMPANY _____
 OR ADDITIONAL INCOME: \$ _____
 YOU PROVIDE PROOF OF THESE INCOMES? _____

USE ONLY

Phone Number Called _____
 Position _____ Length of Residency _____
 How many NSF's? _____ Thirty Day Notice Given? _____ Rent/Mortgage per Month? \$ _____
 Date: _____ Employees Initials _____

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 ing Party _____ Position of person that Verified _____ Salary ? \$ _____ WK MO Y
 re Paystubs? Yes _____ No _____ Tax Return (s)? Yes _____ No _____ New Employment "Offer Letter" required? _____

Copy Initials _____ Date: _____ (*Copies must be attached and must be equal to or greater than rental amount)

Personal Income Source _____ Phone Number Called _____ Length of employment _____
 Living Party _____ Proof of Additional Income Attached? (bank statement showing direct deposit, court order of child support,
 or if not fund, copy of Social Security, Disability or Pension Statement, notarized letter of parental support, Tax returns or investment
 statements) _____ Date _____ Comments _____

Credit References

B of A El-Cajon _____
 CHECKING ACCT. BANK ADDRESS/BRANCH PHONE # BRANCH # ACCT. #

 CREDIT REFERENCES ADDRESS TYPE ACCT. ACCT. #

 CREDIT REFERENCES ADDRESS TYPE ACCT. ACCT. #

Personal References

Lauran 6333-McAda (619) 227-7623 Friend
 NAME ADDRESS PHONE # RELATIONSHIP

 NAME ADDRESS PHONE # RELATIONSHIP

In Case of Emergency

Lauran 6333-McAda
 NAME ADDRESS

(619) 227-7623
 RELATIONSHIP PHONE #

Automobiles

 LICENSE # MAKE MODEL YEAR

 LICENSE # MAKE MODEL YEAR

Other Vehicles:

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 NOT A DEPOSIT AND WILL NOT BE REFUNDED IF APPLICANT IS DECLINED.

[Signature]
 APPLICANT

2/4/08
 DATE

 APPLICANT

 DATE

ADDENDUM TO LEASE/RENTAL AGREEMENT			
RENTAL OFFICE STAFF IMPORTANT			
1. This document must be completed by residents who accept or decline insurance BEFORE moving into the apartment. 2. You must give residents who ACCEPT the insurance the appropriate POLICY BOOK with the while they move in. 3. You must be sure INSURANCE BEGINS AS NOTED HERE if completed by residents who ACCEPT the insurance BEFORE leaving the rental office.			
Information		Community Information	
It's Name and Address (Please Print Clearly) me <u>Al Hazm</u> First Name <u>Nana S</u> me <u>Al Mihnah</u> First Name <u>Rhila</u> <u>341 M + Ada</u> Apt. # <u>150</u> <u>San Diego</u> State <u>CA</u> Zip <u>92064</u>		Community/Facility Name: <u>Edwood</u> Number: <u>2516</u> Staff Mem 36 CFR 1256.56 - Privacy Last Name: _____	
Insurance Requirement			
extent that the following provisions conflict with the provisions of the lease the following provisions will prevail.) Resident agrees to maintain at its sole expense during the term of this lease and any subsequent renewal periods a policy of personal liability, issued by a licensed insurance company of Resident's selection, which provides limits of liability in an amount not less than \$25,000 per occurrence.			
And that the owner of this apartment community is a landlord renting residential space and: 1) is not responsible for loss to my property, and not provide insurance for me.			
_____ Resident's Signature			
YES, I ACCEPT the RenterPlan Policy.			
RenterPlan policies include the following benefits (a copy of the policy is available for your review at this rental office)			
Coverage Property: Personal Property - Excluding Earthquake Additional Living Expense Personal Property - Earthquake Limit Additional Living Expense Liability: Personal Liability Medical Payments Worker's Compensation Residence Employees Employer's Liability	Limits \$25,000 Included \$5,000 \$1,500 \$300,000 \$1,000 Person/\$25,000 Accident Statutory limits \$100,000	Deductible Property: \$250 - per covered loss on all claims except earthquake. \$750 - per covered earthquake loss. (Additional Living Expense due to loss caused by earthquake is not subject to a deductible).	
The information given here is only a summary of coverage provided by these policies and the policies contain other terms, conditions & limitations. Please refer to the full policy for more information.			
Signature _____ Date Signed <u>2-4-00</u> Premium \$20.00 per month		Please complete the Payment and Date Insurance Begins section to start your coverage.	
YES, I ACCEPT the Personal Liability Policy.			
Personal Liability policies include the following benefits (a copy of the policy is available for your review at this rental office)			
Personal Liability Limit: Worker's Compensation: Employer's Liability:	\$25,000 Statutory limits for residence employees and employer's liability. \$100,000		
Signature _____ Date Signed <u>2-4-00</u> Premium \$8.00 per month		Please complete the Payment and Date Insurance Begins section to start your coverage.	
Payment And Date Insurance Begins: I have accepted one of the options above and agree to pay the monthly premium shown on my rent due date. I understand insurance begins only upon payment of initial premium and is conditional thereafter upon timely payment of premiums. I authorize the landlord or its agent to receive and transmit premiums to Deans & Homer on my behalf.			
Insurance Begins As Noted Here: <input type="checkbox"/> New Resident: Enter the effective date of the rental agreement: _____ <input type="checkbox"/> Current Resident: Enter your next rent due date: _____			
NO, I DECLINE both insurance options described. I agree to obtain insurance from my own Insurance Agent or Insurance Company during the terms of this lease as described in the "Resident Insurance Requirement" above.			
Name of Carrier _____ Policy # _____ Expiration Date _____		Agent _____ Date Signed: _____	
Agent _____ Date Signed: _____			
Insurance Company			
PRESIDENT _____ Insurance is provided by GENERAL SECURITY INSURANCE COMPANY In witness hereof, The Company has caused this policy to be executed and attested.		SECRETARY _____	
Policy Questions and Claims			
RenterPlan Insurance Program for this apartment community is administered by Deans & Homer, Insurance Managing Underwriters, CA License #00000000. Report all claims to Deans & Homer. For answers to your questions write to Deans & Homer, RenterPlan Insurance Services, 340 Pine Street, Alhambra, CA 94104. Or call toll free:			
1-800-548-1616			
If you have a problem concerning this insurance which you are unable to resolve through us, you may contact Consumer Services Department of Insurance, 300 South Spring Street, Los Angeles, CA 90013-1230, or call them toll free at 1-800-927-4357.			
5. 01/98 DEANS & HOMER White-Resident's Copy Pink-Manager's File Copy Yellow-Deans & Homer Copy			

Request No. _____	Move-In Remarks	Move-Out Remarks	Maint. Dept. Comments
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FIREPLACE			
WALLS / CEILING			
WINDOWS / SCREENS			
FLOOR / CARPET			
DRAPES / BLINDS			
WALLS / CEILING	OK		
WINDOWS / SCREENS / TRACK	Needs Paint		
CARPET			
DRAPES / BLINDS			
WALLS / CEILING	Needs Paint		
COUNTERS / TILE			
FLOOR			
CABINETS / CLOSETS			
STOVE / OVEN	old Stove		
DISPOSAL			
LIGHTS			
REFRIGERATOR	lytle Old		
MICROWAVE	Scrapped		
DISHWASHER			
CUTTING BOARD			
VENT HOOD / FAN			
SINKS / FAUCETS			
WALLS			
CEILING	N/A		
FLOOR / CARPET			
OTHER			
WALLS / CEILING			
LIGHTS / MIRRORS			
FLOOR / CARPET	OK		
CLOSET / DOORS	Needs PNT		
DRAPES / BLINDS			
WALLS / CEILING			
LIGHTS / MIRRORS			
FLOOR / CARPET	OK		
CLOSET / DOORS			
DRAPES / BLINDS			
WALLS / CEILING			
LIGHTS / MIRRORS			
FLOOR / CARPET			
CLOSET / DOORS			
DRAPES / BLINDS			
WALLS / CEILING			
LIGHTS / MIRRORS			
FLOOR / CARPET			
CLOSET / DOORS			
DRAPES / BLINDS			
WALLS / CEILING			
WINDOWS / DOORS			
FLOOR			
MIRRORS			
TILE / GROUT			
LIGHTS / VENT FAN			
CABINETS			
FIXTURES / TOWEL BARS			
SINK / FAUCETS			
TUB / SHOWER / CAULK			
TOILET			
CLEANING	partial	complete / partial	meed
DRAPES / BLINDS	cln	clean / replace	
PAINT	None	full / flat / enamel	
CARPET	Shampoo	shampoo / dye / replace	35.00
WINDOWS			CLACK 86
DOORS / LOCKS			
GARAGES			
SCREENS			
LIGHT FIXTURES	OK		
AIR CONDITIONER			
SMOKE DETECTOR			
PATIO / BALCONY			
MISC.			
MISC.			
MISC.			

I acknowledge the premises are being delivered in clean and good condition, and with no spots, stains, marks or damages, unless otherwise noted above. I inspected the premises prior to occupancy and accept this Move-In/Move-Out list as part of the Rental Agreement and agree that it is an accurate of the condition of said premises.

s/s 6.20 [Signature] Date _____ Resident(s) _____ Date _____
 t(s) [Signature] Date _____ Resident(s) _____ Date _____
 ment [Signature] 2-3-00 Date _____ Management [Signature] 6.20 Date _____

Parkwood Apartments
6401 Mt. Ada Rd., San Diego, CA 9211

March 3, 1998

Dear Parkwood Resident:

Apartment # 150

As you may know, during the construction of many apartment communities, the mineral asbestos was commonly used for insulation, fireproofing and other purposes. As you may be aware, inhaling asbestos fibers can cause or contribute to many serious diseases. Under The Safe Drinking Water and Toxic Enforcement Act of 1986 (Proposition 65), asbestos has been listed as a chemical known to the state to cause cancer. However, the presence of asbestos in a building does not necessarily mean residents are being exposed to asbestos fibers in a way that presents a significant risk (under Proposition 65, or otherwise) and, we have no reason to believe residents in your apartment community are being exposed to any health risk from asbestos.

As part of our effort to provide you with a safe living environment, we retained an expert independent asbestos consultant to perform various inspections of our apartment communities. These inspections have been completed and our independent consultant has advised us asbestos is present in the *acoustic ceiling material and the floor tile*. Any risks posed by this asbestos can be virtually eliminated if simple precautions are taken. On the reverse side of this notification, we have provided a list of common sense precautions for your general information and to guide your living activities for the future. Full compliance with these precautions will virtually assure the asbestos containing materials are maintained in a safe and stable condition.

Finally, Proposition 65 requires that persons be warned of certain exposures to chemicals listed under Proposition 65. We have no reason to believe a health risk from asbestos is present in your apartment community.

If you have any questions concerning this letter, please contact me at (714) 862-6251.

Very truly yours,



WESTERN NATIONAL PROPERTY MANAGEMENT INC.

Jim Gross

Jim Gross
Asbestos Coordinator

JG: qc

I hereby acknowledge I have received a copy of this Proposition 65 notification.

Resident Signature  Date 


Resident Signature _____ Date _____

The Do's and Don'ts of Safely Maintaining Asbestos-Containing Materials

Material	Do's	Don'ts
Textured Ceiling	<ul style="list-style-type: none"> ~ Do notify your manager immediately about all ceiling damage. ~ Do notify your manager if you need to penetrate the ceiling for any reason. ~ Do notify you manager when your ceiling needs to be painted. 	<ul style="list-style-type: none"> ~ Do not attempt to clean your ceiling with a Broom, vacuum, cloth, or in any manner that may dislodge particles. ~ Do not store items on upper closet shelves in such a manner that could cause them to Scrape or gouge ceiling. ~ Do not use nails, screws, plant hooks, or puncture the ceiling in any fashion. ~ Do not scrape, bump, gouge, probe, or penetrate the ceiling for any reason. ~ Do not attempt to clean up any debris by yourself. ~ Do not place pole lamps or room dividers against the ceiling.
Vinyl Floor Tile Vinyl Flooring Common Area Flooring	<ul style="list-style-type: none"> ~ Do follow all manufacturer's instructions for cleaning and waxing your floor. ~ Do inquire with the manager if you are in doubt whether to use a particular cleaner or tool. 	<ul style="list-style-type: none"> ~ Do not drag heavy appliances across your floor in such a way that could cause them to scrape or gouge the floor material. ~ Do not cut, drill, sand, grind, or attempt any other physical disturbance of this material. ~ Do not use caustic or abrasive cleaners on the floor material.

****I have read and understand the "Do's and Don'ts of Safely Maintaining ACM," and agree to abide by these requirements to avoid disturbing these materials. I acknowledge that I may be held responsible for damages as a result of not complying with these guidelines.***


 Resident Signature



PARKWOOD APARTMENTS

Community Policies

1. Residents shall conduct themselves at all times in such a reasonable manner as not to disturb or annoy other residents and persons, either in the rented unit or on the common grounds of the property, including any parking or recreational areas. Residents shall not conduct themselves in any manner, which will interfere with the rights, comforts, and/or conveniences of other persons on the premises.
2. All musical instruments, television sets, stereos, radios, etc. are to be played at a volume which will not disturb other persons.
3. Residents must keep their rented units clean and sanitary, and will not accumulate trash, garbage or other materials, which would cause a hazard, or be in violation of any health, fire or safety ordinance or regulation.
4. Bicycles, play equipment, toys, or other articles are not to be left in the common areas.
5. **No skateboarding! Skateboards will be confiscated by management for guardian to pick up at office.**
6. Pool hours will be posted in the pool areas and are to be observed by all residents at all times. Persons under the age of fourteen must be accompanied by an adult, eighteen or older, when in the pool area.
7. A maximum of two (2) guests at one time may use the pool area, provided a resident accompanies them.
8. Residents may consume beverages in the pool area, providing all containers are unbreakable and all refuse is disposed of properly. All pool furniture must STAY IN POOL AREA.
9. Fitness center hours as posted limit two (2) guests per apartment. Guests must be accompanied by resident and residents are liable for guests conduct.
10. Cars, boats, other vehicles, or personal belongings are not to be parked or stored in the common area or parking areas, except in areas specifically provided for that purpose. All vehicles must be free from webs, currently licensed, registered and fully operational.
11. **Walking, playing in shrubbery or grass, and picking flowers is STRICTLY FORBIDDEN!**
12. Residents shall notify manager immediately in writing of any items within the unit or elsewhere on the premises that require repair or maintenance.
13. Residents shall make no alterations or improvements to the premises, either inside the rented unit or elsewhere, without the prior written consent of the manager. Residents shall be liable for any repairs necessary during or after tenancy to restore premises to its original condition, normal wear and tear excepted.
14. No clothing, curtains, rugs, etc. shall be shaken or hung outside any window, ledge or balcony.
15. We ask that you do not remove verticals and hang drapes and that you do not cover windows with aluminum foil.
16. For safety purposes, please do not place flowerpots on balcony railings.
17. The playground closes at dusk. No one is to be in playground area after dark!
18. Please make sure your trash meets the dumpsters. Do not throw your trash over a fence. And if dropped along the way please pick up after yourself.
19. Do not knock on the doors of staff members at night! You can page maintenance at 331-3458. If you have locked yourself out of your apartment we will unlock your apartment for a \$25 fee. Which you can pay in the office the next day.

I HAVE READ, UNDERSTAND AND AGREE TO THE ABOVE RESIDENT REGULATIONS OF THE PARKWOOD APARTMENT COMMUNITY.

Apartment # 150 Phone # _____

RESIDENT <u>[Signature]</u>	DATE <u>[Signature]</u>
RESIDENT <u>[Signature]</u>	DATE <u>[Signature]</u>
RESIDENT _____	DATE _____
RESIDENT _____	DATE <u>2-3-00</u>

If you notice anyone in violating of these policies please contact the office immediately. You can also call the San Diego Police Department at 531-2000, or our night monitor at 283-7315.

PERMISSION TO ENTER / PACKAGE AC

IT E

PERMISSION TO ENTER

Resident(s) : Nawaf Al Hazmi And Khalid Al Mihdhar
 Address : 6401 Mt. Ada Rd., San Diego, Ca 92111
 Apartment :
 Phone Number :

Saul Hernandez
 Maintance, Management, And Pest Control

I hereby authorize the above mentioned Maintance, Management, And Pest Control to enter my apartment to make necessary repairs under the following conditions:

To perform requested repairs or services.



Signature - Nawaf Al Hazmi

Date



Signature - Khalid Al Mihdhar

Date


Signature - Resident Name

Date

————— ◆ —————

PACKAGE ACCEPTANCE PERMISSION

I hereby give permission for this office to accept packages on my behalf. I hold harmless the office and the representative of this office signing for the package(s) for any loss or damage of the package(s).



Signature - Nawaf Al Hazmi

Date



Signature - Khalid Al Mihdhar

Date

Signature - Resident Name

Date

FACTS AND FIGURES

This will be your new address : 6401 Mt. Ada Rd. #150, San Diego, Ca 92111

Your move-in date is : February 5, 2000

Your lease term is : 4 months

Application Fee (Non-Refundable)	\$30.00
TOTAL SECURITY DEPOSIT	\$775.00
Apartment Rent	\$775.00
Renters Insurance	\$8.00

Total Monthly Payment. **\$ 783.00**

(-) Security Deposit Paid **<\$775.00>**

(-) First Month's Special **< >**

TOTAL PAID/DISCOUNT **<\$ 775.00>**

M/I Special:

TOTAL DUE AT MOVE-IN **\$ 783.00** (On Approved Credit)

INITIAL _____ CASHIERS CHECK OR MONEY ORDER ONLY

On the day of move-in we will need the following account numbers to complete your file. Without these numbers we will not be allowed to give you keys to your apartment.

We have taken the liberty to list the local utility phone numbers you will need to help make your moving in easier:

S.D.G.E. 800-411-7343 Account Number _____

Pacific Bell 800-310-2355 Account Number _____

Time Warner Cable 619-695-3220 Account Number _____

Brook Furniture Rental 858-549-4571 Account Number _____

San Diego Union Tribune 619-281-7292 Account Number _____

The phone connection is part of the rental procedure as a service to make your move-in more convenient. The service is through Pac Bell and will be turned on the day before you move-in. Ask your leasing consultant for details.

Signature _____

Date 2-4-00